

**Case of Endothelioma of the Ethmoid.**

By DAN MCKENZIE, M.D.

THE patient, a woman, aged 23, came under my care in May of this year. For about a couple of months she had been noticing some stuffiness in the right nostril, and a fortnight before her first visit to the hospital she became aware of the presence of a small swelling on the right side of the bridge of the nose. This swelling, which at first sight looked more like a hæmatoma from a trauma than anything else, turned out to be an extension through the right nasal bone of a growth in the ethmoidal region. Further examination revealed a second extension of the growth into the orbit, where it could be felt deep to the inner canthus. The eyeball was markedly displaced outwards, but there was no diplopia. Intranasally, there was very little to be seen. The middle turbinal seemed to be fuller and lower than normal, but no sign of new growth could be discerned. Probing the ethmoidal region, however, set up very free bleeding.

The diagnosis of ethmoidal tumour, probably malignant, led to operation on May 15. The nose was opened through a lateral incision traversing the protuberance on the nasal bone, and the whole mass, light, loose and very vascular, was scooped out with sharp spoons. It seemed to be growing from the cribriform plate, and it involved the whole ethmoidal labyrinth on the right side, including the middle turbinal. A flattish mass about the size of a terminal digit lay in the orbit, the mesial bony wall of which had been destroyed. In addition to that, and to the window in the nasal bone through which the tumour had reached the subcutaneous tissue of the nasal bridge, there was also a fenestra in the ethmoidal septum. Save for rather free bleeding the operation presented no difficulties, and healing by first intention resulted, except at the spot corresponding to the lump on the nose, where the wound remained open for some weeks. It is now entirely closed, but an adherent depression marks this spot.

There is, so far, no sign of any recurrence.

Unfortunately, the specimen was not suitably preserved, and when Dr. Wingrave came to examine it he hesitated to commit himself as to the nature of the growth. It "looked like endothelioma."

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The PRESIDENT said that there was an advantage, when dealing with extensive intranasal malignant growths, in a combination of the Denker and the Moure operations. He did that ten days ago in a case of sarcoma where the disease was very extensive, involving the antrum right up to the frontal sinus. The combined operation enabled him to clear out the whole interior of the nose.

### Case of Epithelioma of Floor of the Mouth and Tongue, and Ulceration on the Palate.

By W. M. MOLLISON, M.C.

J. C., AGED 72, was shown at a meeting of the Section in June last.<sup>1</sup> At that time he had a movable whitish mass under the tongue and ulceration on the palate (a coloured picture of his condition was shown). The surgeon under whom the patient was admitted considered that operation was inadvisable; the man had therefore been having treatment with X-rays. The ulceration on the palate had changed very little either in extent or in appearance and its pathology was still *sub judice*. The mass under the tongue had developed into a typical ulcerating epithelioma deeply invading the tongue.

#### DISCUSSION.

Mr. HERBERT TILLEY considered the ulceration on the palate to be epithelioma. It was uncommon to find a growth on the floor of the mouth and unconnected with another growth of the same nature on the soft palate. At the present time he had under his care an old man who had syphilitic scars and granulation areas in the soft palate. From time to time during the past two years these granulations had disappeared under local and general anti-syphilitic treatment, but recently one small area had refused to heal; it had increased in size and now presented an everted edge which histological examination showed to be epithelioma. In Mr. Mollison's patient it would be easy to remove a piece under local anæsthesia and submit it to the microscope.

Mr. DE SANTI asked whether Mr. Mollison had any idea of operating on the epithelioma. He regarded the case as hopeless, and would recommend diathermy; very good results had been shown after diathermy by Mr. Harmer in such cases.

Mr. HARMER regarded both growths as epitheliomata, and did not think such cases were excessively rare. During the last two years he had seen two

<sup>1</sup> *Proceedings*, 1913, vi, p. 193.